

STATE <u>Louisiana</u>	A
DATE REC'D <u>6-19-12</u>	
DATE APP'D <u>9-14-12</u>	
DATE EFF <u>4-1-12</u>	
NSA 179 <u>12-13</u>	

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Approved OMB#: 0938-1098

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana**1.6 Tribal Consultation****Tribal Consultation Requirements**

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals, and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

- Louisiana Medicaid recognizes the primary objective for the required consultations set forth in the Act is to keep Indian Health programs informed of changes to Medicaid/CHIP (submitted through State Plan amendments, proposed waivers, waiver extensions, waiver amendments or waiver renewals) that are more restrictive for eligibility determinations, changes that reduce payment rates or changes in payment methodologies to Indian Tribe, Tribal Organization, Urban Indian Organization (ITU) providers or for services reimbursed to ITU providers, reductions in covered services, changes in consultation policies, and proposals for demonstrations or waivers that may impact Indians or ITU providers.
- Each quarter the State Medicaid Agency (SMA) Policy Development and Implementation Section creates a letter detailing the name, purpose, and effective date of all State Plan amendments, new waivers, renewals, extensions, amendments and demonstrations that have been proposed.
- With this information, the appointed SMA Designee of Indian Health Services meets on a quarterly basis (i.e. teleconference) with the chosen representative (s) of the federally recognized tribes, including: Chitamacha, Coushatta, Jena Band of Choctaw and Tunica/Biloxi tribes as well as the CMS Native American contact to discuss relevant Medicaid/CHIP matters that are outlined in the letter and may affect the tribe's health care.
- Louisiana has only one Indian Health Service (IHS 638) clinic also known as the "Chitimacha Health Clinic" located in Charenton, Louisiana. This clinic will be informed of any proposed changes to their Medicaid benefits through a mailed quarterly summary and teleconference. The Tribes, or their appointed representatives, will have 30 days to respond with any comments, unless the date for submission of the SPA to CMS becomes critical and needs to be expedited; in this instance, the appointed representatives will have 7 days to respond.

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- The CMS Native American Contact is copied on all correspondence in this process by the agency designee to communicate our efforts to secure comments/input from the Tribes.
- If comments are received, they will be forwarded to the Medicaid Director for further consideration.
- If no comments are received within the 30-day or 7-day time frame, the state will make the assumption the Tribes agree with the provisions in the proposed State Plan Amendments (SPAs).
- Comments from the Tribes, or lack thereof, will also be reported to the CMS Native American Contact.
- The anticipated impact on Indians, Indian health providers, and Indian tribes will be improved communication and feedback concerning changes made to the Medicaid State Plan. These changes can effect provider payments and services, especially with regard to a reduction in services. The Indian health providers can better prepare for any negative impacts and have an avenue to express opinions to the State on these issues. The consultation process further consistent implementation of the policy and work to ensure that the policy plays a meaningful role in addressing issues affecting Indian tribes.

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

- On January 22, 2010 the state received guidance from CMS on the implementation of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. The act includes general requirements expected of States to alert Tribal entities to proposed SPAs).
- Written notification of individual SPAs as well as a summary was sent to the four tribes and health clinic on the following dates: February 18, 2010, March 25, 2010, June 25, 2010, September 21, 2010, September 23, 2010, December 2, 2010 and December 17, 2010.
- On January 31, 2011 the state Medicaid Director, Deputy Director and State Plan Unit Program Manager visited the Chitimacha Health Clinic and spoke to representatives about the federal requirements.
- The Chitimacha representatives expressed a preference for further description of the amendments as opposed to the existing practice of sending a short description and the actual state plan page changes. They stated they would notify the state if they wanted any further information or had any comments on the individual amendments.
- On July 18, 2011 a review of Idaho and Texas consultation process was done by the Program Manager.
- As requested, the State began to send only quarterly summaries of the SPAs to the individual Tribes via email listing the name, description, and effective date of the individual SPAs.

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- A formal quarterly summary letter signed by the Medicaid Director was sent to the Chitimacha Health Clinic with the instructions to call or write any questions or comments to the State Plan Unit Program Manager.
- Notifications have been emailed and mailed on the following dates in 2011: March 3, 2011, March 10, 2011 (Coordinated Systems of Care notice), June 20, 2011, July 27, 2011, August 25, 2011 and November 14, 2011.
- On December 8, 2011 a review of several other states' (i.e. Arizona, New Mexico and Nebraska) consultation process was completed by the Program Monitor.
- It is now being considered to continue doing written quarterly summaries which will be emailed to the four Tribes and mailed to Chitimacha Health Clinic before an announcement of a quarterly teleconference to include: SMA Designee, Tribal Representatives, and CMS Native American contact.
- The teleconference is being proposed to give the Tribal representatives more of an opportunity to ask any questions directly to the State or Federal staff. The SMA Designee will follow-up as needed.

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